

**Office for Children with Special Health Care Needs
Arizona School Nurse Resource Survey**

The following listed health care procedures are prevalent for children/youth with special health care needs; there may be other health care procedures you do on a regular basis that are not included. Please enter these in the spaces provided. You can use the back of the page if more space is needed (please include the rating scale).

Using the following questions and rating scales for the corresponding columns, please complete Table I below.

Impact Column

Which of the following health care procedures have the biggest impact on your day-to-day school routine?

1= No impact 2= Low Impact 3= Moderate Impact 4= High Impact 5= Very High Impact

Ability to Manage Column

Rate your ability to manage the following health care procedures when providing care for your students with special health care needs?

1= Not Able To

2= Somewhat Able

3= Very Able

Q. 1 Table I

HEALTH CARE PROCEDURES:	Impact	Ability to Manage
<ul style="list-style-type: none"> • Asthma: <ul style="list-style-type: none"> ○ Peak Flow Meters/Reading ○ Inhalers ○ Inhalation treatments ○ Nebulizers ○ Spacers 	_____	_____
• Blood Pressure monitoring	_____	_____
• Catheterizations	_____	_____
• Colostomy Care-including Skin Care	_____	_____
<ul style="list-style-type: none"> • Diabetes: <ul style="list-style-type: none"> ○ Checking Blood Sugars ○ Insulin Administration ○ Insulin Pumps ○ Alternating Pump Sites ○ Carbohydrate Counting ○ Checking Urine glucose 	_____	_____
• Gastrostomy Tube Care-including Skin Care	_____	_____
• Ileostomy Care-including Skin Care	_____	_____
• Nasogastric Tube Feedings	_____	_____
• Nasogastric Tube Care-including Skin Care	_____	_____
• Oral Medications (for special health care needs children/youth)	_____	_____
• Oxygen Regulation/Maintenance	_____	_____
• Seizure Intervention	_____	_____
• Tracheostomy Care-including Skin Care	_____	_____
• Tracheostomy Suctioning	_____	_____
• Wheelchair transfer	_____	_____
• Ventilator Care	_____	_____
<ul style="list-style-type: none"> • Other: <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 	_____	_____

Using Table II and the rating scales below, please write in at least 5 of the most prevalent health issues/conditions for children and youth with special health care needs that you deal with on a regular basis.

Examples: Asthma, Behavioral Health/Psychiatric Disorders (i.e. Anxiety Disorders, Depression, Bipolar Disorder, Eating Disorders, etc.), Cerebral Palsy, Congenital Heart Disease, Cystic Fibrosis, Diabetes, Epilepsy/Seizure Disorders, Spina Bifida, Traumatic Brain Injury.

Impact Column

Which of these health issues/conditions have the biggest impact on your day-to-day school routine?

1= No impact 2= Low Impact 3= Moderate Impact 4= High Impact 5= Very High Impact

Ability to Manage Column

Rate your ability to manage these health issues/conditions when providing care for your students with special health care needs?

1= Not Able To

2= Somewhat Able

3= Very Able

Q. 2 Table II

HEALTH ISSUES /CONDITIONS	Impact	Ability to Manage
(1)		
(2)		
(3)		
(4)		
(5)		

Q.3 How frequently do school personnel, other than school nurses, assist in performing health care procedures for children and youth with special health care needs? (please check one of the following responses).

_____ Never _____ Daily _____ Weekly _____ Monthly _____ Quarterly

Q.4 If other school personnel assist in performing health care procedures for children and youth with special health care needs, please list their titles, such as: nurse assistant, classroom assistant, teacher, EMT, etc.:

Q.5 If other school personnel assist in performing health care procedures for children and youth with special health care needs, this is because? (Please check all that apply).

- _____ A School Nurse is not available at a school at any time
- _____ A School Nurse is available, but not at all times
- _____ A School Nurse is able to delegate certain procedures
- _____ A School Nurse has high acuity special needs students

Using the following question and rating scale, please complete Table III below:

Are any of these systems and/or resources helpful to school nurses when needing support and information about children and youth with special health care needs?

1= Don't Know About 2= Know About But Have Not Used 3= Not Helpful
4= Somewhat Helpful 5= Very Helpful

Q.6 Table III

SYSTEM/RESOURCE	Rating
ACTION Partnership for People with Special Needs (Yavapai County)	
Arizona Department of Education, Exceptional Students Services	
ADHS, Office for Children with Special Health Care Needs	
ADHS, Office of Behavioral Health	
ADHS, Office of Women's and Children's Health Hotline	
Arizona Health Care Cost Containment System (AHCCCS)	
Bullhead Area Community Partnership for Special Needs Children (Mohave County)	
The Children and Family Alliance of Southern Apache County	
Children's Rehabilitative Services Clinics	
Comunidades Asistiendo A Niños con Necesidades Especiales de Salud (CANNES) (Yuma County)	
Emily Anderson Center at Phoenix Children's Hospital	
Flagstaff Community Partnership (Coconino County)	
Mesa Partnership for Children with Special Health Care Needs (Maricopa County)	
Page Partnership for People with Special Needs (Coconino County)	
Pilot Parents of Southern Arizona	
Raising Special Kids	
Tri-City Partnership for Special Children and Families (Yavapai County)	
Other:	
1. _____	_____
2. _____	_____
3. _____	_____

ADHS= Arizona Department of Health Services

Q.7 In general, the communication between school nurses and parents/families of students with special health care needs is: (please check one of the following responses).

☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Q.8 School Nurses participate in student Individual Education Plans (IEP): (please check one of the following responses).

☐ Never ☐ Occasionally ☐ Routinely

Using the following question and rating scale, please complete Table IV below:

What types of services/resources would assist school nurses in providing care for children and youth with special health care needs? If you answered **NO**, skip Rate Usefulness Column.

1= Not Useful

2= Useful

3= Very Useful

Q.9 Table IV

SERVICE	Currently Have (YES or NO)	Rate Usefulness
Access to experts to answer questions about health conditions, policies, provide resources		
a. On site ("hands on") training such as tracheostomy care, suctioning, tube feeding, etc.	a.	a.
b. On site group presentations	b.	b.
c. Teleconference presentations	c.	c.
d. By phone as needed for help with resources/answer questions	d.	d.
e. By email for help with resources/answer questions	e.	e.
Reading materials/synopsis of current state of the art practices for children/youth with special health care needs		
Access to on-line classes		
Access to an internet sites with info/resources		

Q.10 Do you need continuing education contact hours for your job? _____ No _____ Yes

Q.11 Do you have an emergency evacuation plan that accommodates the students with special health care needs in your school? _____ No _____ Yes

- If YES, was the plan created in collaboration with? (Please check all that apply).

☐ I Don't Know Who Created the Plan
☐ The Special Education Program/504Coordinator
☐ School Administration
☐ The School Nurse
☐ Other School Personnel
☐ Parents
☐ Local Fire Department/Emergency Medical Services

Please complete the following:

Your Name: _____

Your Title: _____

Your Professional Credentials: (such as R.N., B.S.N.) _____

Name of School: _____

School Address: _____

School Phone Number: (_____) _____

School Fax Number: (_____) _____

Your School E-mail Address: _____

How many students are in your school? _____

If you serve as a nurse at more than one school, please tell us how many schools _____

(Information for Additional Schools)

Name of School: _____

School Address: _____

School Phone Number: (_____) _____

School Fax Number: (_____) _____

Your School E-mail Address: _____

How many students are in your school? _____

Name of School: _____

School Address: _____

School Phone Number: (_____) _____

School Fax Number: (_____) _____

Your School E-mail Address: _____

How many students are in your school? _____

What are the grades in the school(s) you serve as a nurse? (Please check all that apply if serving as a nurse at more than one school)

☐ Elementary

☐ Middle School/Junior High

☐ High School

During school year 2003/2004, how many special health care need students did you see? _____

THANK YOU

Beverly Plonski-Fuqua, R.N., B.S.N., M.B.A./H.C.M.

Arizona Department of Health Services

Office for Children with Special Health Care Needs

150 N. 18th Avenue, Suite 330

Phoenix, Arizona 85007-3243

Please call me at (602) 364-3291 if you have any questions